


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 578492000510	
Application Number	10/776,682	Filed	February 10, 2004
For DEVICES AND METHODS FOR HEART VALVE REPAIR			
Art Unit	3773	Examiner	M. Ryckman
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee	\$ 65.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Small Entity Fee	\$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$130	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$490	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$1110	\$
<input type="checkbox"/>		\$555	\$
<input type="checkbox"/>		\$1730	\$
<input type="checkbox"/>		\$865	\$
<input type="checkbox"/>		\$2350	\$
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> .		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the	<input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>47,777</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
	 Signature Mika Mayer Typed or printed name	August 16, 2010 Date (650) 813-4298 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/>	Total of <u>1</u> forms are submitted.		